

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
703/305-5423

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4	/					
5		1				
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TOTAL IND.			3			
TOTAL DEP.			14			
TOTAL CLAIMS			17			

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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